

|   |          |   |   |                           |  |                          |  |
|---|----------|---|---|---------------------------|--|--------------------------|--|
| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Effective October 1, 2001   |          |   |   |                           | Application or Docket Number<br><i>P1021</i> |                          |  |
| <b>CLAIMS AS FILED - PART I</b>   |          |   |   |                           |  |                          |  |
| (Column 1)  |          | (Column 2)  |   |                           |  |                          |  |
| <b>TOTAL CLAIMS</b>   |          | <i>20</i>   |   |                           |  |                          |  |
| <b>FOR</b>  |          | <b>NUMBER FILED</b>                                 | <b>NUMBER EXTRA</b>                                   |                           |  |                          |  |
| <b>TOTAL CHARGEABLE CLAIMS</b>  |          | <i>20</i> minus 20= * <i>0</i>                      |   |                           |  |                          |  |
| <b>INDEPENDENT CLAIMS</b>   |          | <i>3</i> minus 3 = * <i>0</i>                       |   |                           |  |                          |  |
| <b>MULTIPLE DEPENDENT CLAIM PRESENT</b> <input type="checkbox"/>  |          |   |   |                           |  |                          |  |
| <small>* If the difference in column 1 is less than zero, enter "0" in column 2</small>   |          |   |   |                           |  |                          |  |
| <b>CLAIMS AS AMENDED - PART II</b>  |          |   |   |                           |  |                          |  |
| (Column 1)  |          | (Column 2)  | (Column 3)  |                           |  |                          |  |
| <b>AMENDMENT A</b>  |          | <b>CLAIMS<br/>REMAINING<br/>AFTER<br/>AMENDMENT</b> | <b>HIGHEST<br/>NUMBER<br/>PREVIOUSLY<br/>PAID FOR</b> | <b>PRESENT<br/>EXTRA</b>  |  |                          |  |
| Total   | <i>*</i> | Minus   | <i>**</i>   | <i>=</i>                  |  |                          |  |
| Independent   | <i>*</i> | Minus   | <i>***</i>  | <i>=</i>                  |  |                          |  |
| <b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b> <input type="checkbox"/>  |          |   |   |                           |  |                          |  |
| <small>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</small>                            |          |   |   |                           |  |                          |  |
| <small>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."</small>                        |          |   |   |                           |  |                          |  |
| <small>***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."</small>                          |          |   |   |                           |  |                          |  |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |          |   |   |                           |  |                          |  |
| <b>SMALL ENTITY</b>   |          |   |   |                           | <b>OTHER THAN<br/>SMALL ENTITY</b>           |                          |  |
| <b>TYPE</b>   |          | <input type="checkbox"/>                            |   | <b>TYPE</b>               |  | <input type="checkbox"/> |  |
| <b>RATE</b>   |          | <b>FEES</b>   |   | <b>RATE</b>               |  | <b>FEES</b>              |  |
| <b>BASIC FEE</b>  |          | <i>370.00</i>                                       |   | <b>BASIC FEE</b>          |  | <i>740.00</i>            |  |
| <b>X\$ 9=</b>   |          | <input type="checkbox"/>                            |   | <b>X\$ 18=</b>            |  | <input type="checkbox"/> |  |
| <b>X42=</b>   |          | <input type="checkbox"/>                            |   | <b>X84=</b>               |  | <input type="checkbox"/> |  |
| <b>+140=</b>  |          | <input type="checkbox"/>                            |   | <b>+280=</b>              |  | <input type="checkbox"/> |  |
| <b>TOTAL</b>  |          | <input type="checkbox"/>                            |   | <b>TOTAL</b>              |  | <i>740</i>               |  |
| <b>AMENDMENT B</b>  |          |   |   |                           | <b>OTHER THAN<br/>SMALL ENTITY</b>           |                          |  |
| <b>AMENDMENT C</b>  |          | <b>RATE</b>   |   | <b>ADDITIONAL<br/>FEE</b> |  |                          |  |
| <b>AMENDMENT C</b>  |          | <b>RATE</b>   |   | <b>ADDITIONAL<br/>FEE</b> |  |                          |  |
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